NEGLECT STRATEGY

Delivering Better Outcomes
2017-19

Developing a multi-agency strategy to support children, young people and families in Cornwall and the Isles of Scilly.
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1. Introduction

The Cornwall and Isles of Scilly Safeguarding Children Partnership has overall responsibility for co-ordinating, supporting and improving the ways we work together to protect children and promote their welfare. The Cornwall and Isles of Scilly Safeguarding Children Partnership works with a range of partners, including statutory and voluntary organisations, key individuals, including elected representatives, community leaders and professionals who are involved with children and young people.

A key function of this partnership is to ensure that anyone who comes into contact with children and young people is able to identify, understand and respond appropriately to circumstances where children or young people are at risk.

Neglect has a serious impact on the long term chances for children. It causes great distress to children and leads to poor health, education and social outcomes in both the short and long term and may in some cases lead to death.

Families and professionals are at risk of desensitising themselves to the impact and risks of prolonged neglect. It is important to recognise that children will experience neglect in different ways and learning from serious case reviews informs us that not all children within a family may be experiencing neglect at a given time.

Neglect remains the most common form of child maltreatment in England. The purpose of this document is to outline a strategic response to the issue of neglect in Cornwall and the Isles of Scilly.

2. Vision

Cornwall and the Isles of Scilly are committed to reducing the incidence of childhood neglect in the area.

Family members, care-givers and professionals will to be able to work together as early as possible, both in terms of the ages of the children and early in the onset of the difficulties, in order to ameliorate the negative effects of neglect and to support children and young people to flourish, if possible, within their own family setting.

Multi-agency services and practitioners working within those services will to be able to:

1. Recognise and act on signs of neglect that affect children, young people and whole families at the earliest opportunity in order to reduce the numbers of children experiencing neglect.

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2. Respond promptly and effectively to address the underlying factors.
3. Maintain focus on the experiences of the child. Minimise the long term effects of childhood neglect and provide appropriate support to overcome these.
4. Ensure the importance of neglect and its incidence is recognised in strategic planning and service design of all partners.

‘One Vision’ is the overarching plan for all children and families in Cornwall. This Neglect Strategy will assist in the delivery of this vision.

3. **Purpose and Scope**

This document has been produced to ensure that professionals have a clear understanding of the Cornwall and Isles of Scilly Safeguarding Children Partnership’s Neglect Strategy and a consistent understanding of childhood neglect, and how they will be expected to respond should concerns be identified.

The strategy is written for all staff; managers and front-line practitioners working with children and their families whether their professional focus is upon a child or adult within the home.

The document seeks to articulate the key principles under which ‘Neglect’ work should be undertaken and to improve the collective response across community and professional groups to neglect.

Children, young people and their parents /carers and wider family are central in keeping children safe from neglect in their family network and in their community.

Individual agencies and agencies working together in multi-agency partnerships are charged with safeguarding children from neglect (*Working Together 2015*).

Those signed up through the Safeguarding Children Partnership and the Children’s Trust Boards include:

- *Colleges of Further and Higher Education in Cornwall*
- *Cornwall Association of Primary Headteachers*
- *Cornwall Association of Secondary Headteachers*
- *Cornwall Community Safety Partnership*
- *Cornwall Council*
- *Cornwall Housing*
- *Cornwall Partnership Foundation NHS Trust*
- *CSW Group Ltd*
- *Devon and Cornwall Constabulary*
- *National Probation Service*
- *NHS England South West*
- *NHS Kernow Clinical Commissioning Group*
- *Royal Cornwall Hospitals NHS Trust*
- *Youth Offending Service*
- *A wide range of Voluntary and Community Sector Groups providing services in Cornwall and the Isles of Scilly*
4. Definition of Neglect

Neglect is very difficult to define as there are no clear, cross cultural standards for ‘good enough’ child rearing practices.

There is a general belief that there are responses and functions that a carer must provide for a child in order for the child to develop socially and emotionally. Individual incidents of neglect can occur however it is important to notice patterns of neglectful behaviour not just the one off incidents.

Neglect is ‘the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of adequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.


- Neglect can be experienced by a child at any age, including pre-birth
- Neglect may be focused on one child in a sibling group
- Neglect can be experienced by teenagers

‘Neglect is relationship-led unlike other forms of abuse which is incident-led’ (Olive Stephenson

Parental neglect stems from a lack of attachment, empathy and care for the child. It is rarely wilful and can be caused by the preoccupations of the parent such as their own psychological issues. These issues can include the ongoing impact of their own experience of neglect and abuse as a child, or currently as an adult; domestic abuse; learning difficulties; mental health problems; alcohol and drug addiction; that leave little room for attentiveness and care for the child.

It is the parents’ own problems, especially if they are young and vulnerable themselves or victims of domestic abuse, that can distract professionals from the
child’s lived experience and cause over-optimism about the impact of the neglect on the child, the capacity of the parent to change, the degree of change and the sustainability of any change.

5. **Recognising Neglect**

The ‘*Working Together to Safeguard Children 2015*’ definition of neglect revolves around three key concepts:

1. **PERSISTANT FAILURE**

   How persistent is persistent? Sometimes how long is too long depends on how old the child is. This has been widely demonstrated by neurobiological studies indicating that children’s organic brain development, both growth and the development of synaptic pathways, forming memories and experiences are profoundly affected by neglectful experience and exposure to neglectful environments. The most critical period is the first three years of life. The second more active synaptic activity of the brain occurs during adolescence. Persistent failure needs to be considered therefore not only in relation to the length of time that children are exposed to such experiences but also taking into account the extent to which these experiences are:
   - **Intrusive**: the depth by which they impact on a child or young person’s health and wellbeing
   - **Pervasive**: the breadth or number of aspects of child development, situations, people etc. that are being affected.

   Alongside:
   - The cumulative impact of individual experiences
   - The frequency, type and intensity of parental neglectful actions (acts of omission)
   - The meaning of the child/young person for the parent/carer/family; holding the child responsible for the problem (acts of commission)

2. **LIKELY TO**

   Predicting likelihood requires a good knowledge of child development, observation skills, an understanding of parenting and parenting capacity and the application of relevant research to practice.

3. **SERIOUS IMPAIRMENT**

   This needs to be measured not only in relation to the impact of individual neglectful experiences but also in the cumulative impact of those experiences on individual children and young people. The main theories that have helped us to understand the way in which cumulative harm impacts on children are child development, including brain development, trauma and attachment theories. Cumulative harm can be caused by an accumulation of single adverse circumstances or events, or by multiple different circumstances or events. It is important to have regard to those specific needs of children that are often
subsumed under ‘failure to meet basic needs’ alongside the statutory definition. They include (Jan Horwath 2007):

- **Medical Neglect** – minimising or denying children’s illness or health needs, and failing to seek appropriate medical attention or administer medication or treatments.

- **Nutritional Neglect** – a child being provided with inadequate calories for normal growth. This form of neglect is sometimes associated with ‘failure to thrive’, in which a child fails to develop physically as well as psychologically. However, failure to thrive can occur for other reasons, independent of neglect. More recently childhood obesity resulting from unhealthy diet and lack of exercise has been considered as a form of neglect given its serious long-term consequences.

- **Emotional Neglect** – being unresponsive to a child’s basic emotional needs, including failing to interact or provide affection and failing to develop a child’s self-esteem and sense of identity.

- **Educational Neglect** – failing to provide a stimulating environment, show an interest in the child’s education at school, support their learning or respond to any special needs, as well as failing to comply with state requirements regarding school attendance.

- **Physical Neglect** – not providing appropriate clothing, food, cleanliness and living conditions. It can be difficult to assess due to the need to distinguish neglect from deprivation and because of individual judgements about what constitutes standards of appropriate physical care.

- **Lack of Supervision and Guidance** – failure to provide an adequate level of guidance and supervision to ensure a child is physically safe and protected from harm. It may involve leaving a child to cope alone, abandoning them or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as underage sex or alcohol use. It can affect children of all ages. Parental supervision includes consideration of the child’s age and ability including the ability to anticipate potential dangers/risks and take appropriate actions well as the ability of parents to hold a child and their needs in mind, anticipating these needs and responding appropriately (being reactive and proactive as required).

**Also:**

- **Dental Neglect** - the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development. (British Dental Association 2016) https://bda.org/childprotection/Recognising/Pages/Dental-neglect.aspx

**It is crucial that neglect is recognised as early as possible and action taken.**

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6. Key Drivers

6.1 National Context

- Nationally, neglect continues to be the main risk factor that requires children to have a multi-agency child protection plan in place (43.4% of cases in year ended 31 March 2016\(^3\)).
- Neglect has been identified as a major causal factor in a number of Serious Case Reviews for children of all ages and a risk area which has not always been identified in a timely way, or safeguarding action taken.
- Neglect has become a focus for academic research into causal and ameliorating factors and into the actions of practitioners who are charged with safeguarding children.

6.2 Local Context

As at 31 October 2017:
- The number of children who are the subject of multi-agency child protection plans in Cornwall is of the order of 332.
- This is a rate of 31.29 per 10,000 of the population.
- This is in line with other Local Authorities in the same comparator group.
- There are 195 children who have child protection plans as a result of neglect.
- This equates to 58.73% of all the children in Cornwall with child protection plans.
- This is in line with the national picture.

7. Resource and Response Analysis

7.1 Early Help

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\(^3\) Ref: Characteristics of children in need:2012 to 2016, Department for Education 2016
The impact of neglect on children is often cumulative and there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies identify emerging issues and potential unmet needs and work with families to address them as early as possible.

The principles outlined in Cornwall’s strategy document - ‘Early Help-delivering better outcomes’ also underpin Cornwall’s approach to dealing with the neglect of children and young people. [https://www.cornwall.gov.uk/media/17958203/cornwall-early-help-strategy-2013-17.pdf](https://www.cornwall.gov.uk/media/17958203/cornwall-early-help-strategy-2013-17.pdf)

### 7.2 Education

All schools and educational settings have a significant role in safeguarding children. They are in a position to identify concerns early, prevent escalation and support children to access the help and support they need. All schools will have Designated Safeguarding Leads and have their own safeguarding policies and procedures. Detailed guidance for school and college staff is available from ‘Keeping children safe in education: information for all school and college staff’ (DfE 2015).

All school staff should be aware of how to identify neglect issues for a child and how to make a referral to social care.

### 7.3 Early Years

Early years providers, nurseries and children’s centres are well placed to support children and families where there are concerns regarding neglect. Evidence from Serious Case Reviews tells us that the most effective interventions are undertaken early in the life of the child and early in the ‘life’ of the concern. It is important that early years providers are able to identify the signs of neglect, are able to support families to access support to facilitate change and know how to make a referral to social care.

### 7.4 Health

GP surgeries have a key role in responding to incidents of neglect. Repeated contact with the whole family potentially allows GPs to recognise and address parental health problems that impact on their capacity to care for their children. The GP can serve as a helpful source of information about children, providing a longitudinal view which could allow for early recognition and intervention or be used to inform a cumulative view of neglect issues.

Paediatricians are well placed to respond to instances of childhood neglect and have an important role in the multi-agency response to cases of neglect. They have an understanding of the assessment of risk and harm and also have a clear understanding of the effects of parental behaviour on children and young people. Paediatricians are able to identify and diagnose associated medical conditions, developmental and mental health issues and contribute to the work of the multi-agency team where there are child protection concerns.
Midwives are able to identify mothers who are neglectful of the needs of their unborn child and will know how to make appropriate referrals to social care and work with mothers and partners to promote change contributing to the work of the multi-agency team where there are child protection concerns.

Health Visitors work in partnership with parents to lead and deliver support to children and families from ante-natal up to school entry. They see children within their family home and so can support families to maximise family and community resources. Health visitors deliver and co-ordinate evidence based packages of care to families at risk of poor outcomes and children with additional needs. Health visitors have a statutory responsibility to work with parents and partner agencies where complex health or safeguarding needs have been identified.

School Nurses, through their work in schools, will be well placed to identify children and young people who may be at risk of neglect and act at the earliest opportunity to safeguard their welfare.

Dentists are well placed to identify issues of dental neglect, often an indicator of wider neglect issues and should be aware of how to make referrals to social care.

Failure to present a child at health appointments, missed immunisations, failure to take appropriate action in the case of ill health or injury and poor hygiene including dental hygiene are all indicators of possible neglect and should be taken seriously by all health professionals.

7.5 Children’s Social Care

Clearly understood thresholds for access to social care is crucial to ensuring that neglect is responded to robustly in order to protect children. The very nature of neglect cases can present challenges for practitioners assessing parental behaviours and the impact on children. Social care is accessed via the Multi Agency Referral Unit where decisions are made whether to progress an assessment of a child under section 17 or section 47 Children Act 1989.

8. Top Twelve Considerations in Tackling Neglect

The needs and wellbeing of children are paramount

8.1 Any support or intervention must assist in enhancing the lived experience of the child or young person, and in reducing and eliminating the impact of neglect on the child or young person, whilst aiming to keep that child or young person within their family or family network.

8.2 Childhood neglect is a priority for multi-agency input, action and planning. It is important that practitioners and the Team around the Child/Family (TAC/F) and multi-agency services are not distracted by the needs of parents/care givers which can mitigate against the needs of children.

[See Working Together 2015.]
8.3 Early Help should be available to children, young people and families, so that neglect can be reduced and eliminated, both early in its onset and early in the life of the child or young person.

8.4 Professionals must be skilled in recognising the signs and symptoms of neglect, and in seeking timely help for those children and young people experiencing neglect. There needs to be a clear understanding of the actual risk factors and indicators of neglect. In order to assess neglect a distinction needs to be made between risk factors and indicators of neglect.

[See Appendix 2 - Practitioners’ Guide to Recognising and Acting on Neglect, March 2015]

8.5 As part of an Early Help response, parents and care-givers to a child who may be showing signs of experiencing neglect, but the neglect is not yet “serious and persistent” (WT 2015), will be offered the opportunity to take part in a Family Group Conference. This will aim to mobilise support for the child/children, both from their family network and from friends.

8.6 Multi-agency assessment and analysis of neglect and its impact will use standardised tools. Assessments must take into consideration the history and functioning of the family and case work chronologies. The Graded Care Profile specifically for assessing neglect.

[See Appendix 3 – The Graded Care Profile 2017]

The use of chronologies by all agencies is crucial to support effective assessment, planning and case monitoring. How chronologies are compiled and how they are used and referred to in practice will make a significant difference to improving outcomes for children.

▪ Commence chronologies at the start of involvement in a case.

▪ Enter relevant information as it occurs, including the date of the event and the source of the information.

▪ Include only factual information – analysis and professional opinion on events should be recorded within the case records or assessment documentation.

▪ Enter information throughout involvement in the case, an out of date chronology cannot provide full information for further analysis and planning.

▪ Be brief in chronologies, normally one line.

▪ Make reference to where in the case records more detailed information can be found.
If chronologies are to help with the ongoing analysis of the case, they must be reviewed and used as a ‘live’ document in these ways:

- When adding information to case chronologies consider its relationship and relevance to previous information (eg numbers of missed appointments; A&E appointments; police call outs to a home; numbers of injuries over time etc). Ask yourself after making a new entry "what is the impact of the known information on this child and what else do I need to do?"

- Build in regular reviews of the chronology to assist in case planning and evaluating progress, for example, in preparation for reviews and discussion in supervision.

- Share the information being placed in chronologies with children, young people and families as appropriate. This can be to (a) check the accuracy of information or (b) check children and families’ views and perceptions of the information/events.

8.7 Analysis of the impact of neglect on a child or young person will be underpinned by reference to up-to-date theory and research. This will include reference to on-line resources which include Community Care Inform (CCI) and Research in Practice (RP).

8.8 Action to reduce the impact of neglect to a child or young person will follow statutory guidance [see Working Together 2015]. Multi-agency planning for a child believed to have suffered neglect, or who may suffer neglect, will be based on the systemic models of “Signs of Safety”

8.9 Parents and carers will be given appropriate support to assist with direct personal difficulties. They may be experiencing, for example, substance abuse, mental health difficulties or issues of learning difficulties or learning disabilities.

Support may also be requested from adult services, where parental difficulties are impacting on their ability to protect their child/children.

**There needs to be an effective and proactive working relationship between children’s and adult social care.** The evidence from research is that underlying issues of parental mental health difficulties, learning disabilities, drug and alcohol misuse, living with domestic violence increase the risk of children experiencing neglect, especially when these factors occur in combination. Poverty, housing, family functioning and other environmental factors also impact on parents’ ability to provide good enough care. These adult issues must be addressed in any robust response to neglect and interventions should therefore include a whole family approach.
8.10 Formal action to protect a child or young person who has suffered neglect, or is likely to suffer neglect, will include the taking of legal advice, where the full range of legal options and orders available will be considered.

8.11 Reference will be made to the learning from both local and national Serious Case Reviews, where children or young people have been seriously harmed, or who have died, as a result of neglect. Learning will be incorporated into practice improvement in Cornwall.

8.12 The Professional Capabilities Framework for individual practitioners and agencies will guide the learning and development programmes which support practitioners in identifying and tackling neglect of children in Cornwall.

9. **Key Success Measures**

Success measures will be detailed at different Tiers of support and intervention.

**Tiers 1-2**

9.1 Neglect is identified at an early stage in the onset of the difficulties and in the age of the child.

This requires neglect to be identified by all practitioners involved with the child and/or their parents/carers, the signs and symptoms to be recognised and the impact of neglect on a child to be understood, both in the short term and the impact of ‘hidden harm’ in the longer term.

**Action:**

The Safeguarding Children Partnership and the Children’s Trusts will take the lead in ensuring that practitioners have the required knowledge and skills. Training sub-groups will ensure that Neglect training is part of the annual programme.

Measures will include:-

a. Tracking of the timeliness of referral/escalation of cases to Tier2, including evidence of consultation with Early Help Services.

b. Quarterly data to be produced and analysed as part of the referral process to the Early Help Hub.

9.2 Increasing parental ability to understand the effects of neglect and the way that parents can engage in the cycle of positive change to improve the experiences, treatment and outcomes for their child.

**Action:**

Responsibility for assisting parents with the understanding of the effects of neglect will be undertaken by the senior managers for Early Help and
senior manager responsible for Health Visiting, Family Nurse Partnership and School Nursing. This will also specifically involve children’s centres, child care providers, nursery settings and primary schools.

Measures will include evidence that-

(a) The staff members in the above settings have the appropriate training regarding an understanding of neglect and its impact on a child. Include in PDS reviews and Learning and Development plans.

(b) ‘Initial responders’ are signposting parents/carers and children and young people to appropriate support services which exist in the locality and which are available from the statutory and the voluntary sectors.

(c) Practitioners are skilled and able to speak to parents and carers and to raise the issues and concerns with them, both about parenting capacity and about evidence of impact on their child.

9.3 Assessment, engagement and interventions are effective. This requires practitioners who have suitable practice skills.

**Action:**

- Lead responsibility for practice development will be taken by the Senior Managers, Lead for Early Help and the Principal Child and Family Social Worker for Children and Families.
- Measures will require evidence of core training and skills acquisition in the following areas - Motivational Interviewing, Family Partnership Model, Parenting Skills and appropriate referral to Video Interactive Guidance and Family Group Conferencing.

9.4 Availability and use of reliable data regarding neglect.

**Action:**

- Lead responsibility will be undertaken by the Senior Manager for Business Support.
- This will also be reflected in the Children and Young People’s Plan and in the Joint Strategic Needs Assessment.

Measures will demonstrate:

(a) Data collection from existing electronic records, eg number of children with child protection plans by category and team, length of time on a plan, repeat child protection plans.

(b) Data analysis.

(c) Quarterly reporting of the above data and dissemination to the team managers.

(d) Data will also be linked to legal services information regarding cases which have been escalated to Public Law proceedings.
**Tier 3**

9.5 Referral is made to social care on the basis of ‘serious and persistent neglect’ and this uses the ‘building on...’ approach, not the ‘start again’ approach to assessment and intervention.

**Action:**

- Children’s social care takes responsibility for the assessment, intervention, planning and review for children, young people and families.
- Senior Operational Managers, Senior Safeguarding Manager and the Principal Child and Family Social Worker will ensure that work undertaken is of a good quality.

Measures will:

(a) Evidence incorporation of information from previous assessments and interventions and evaluation of ‘what works’ / ‘has worked’, describe and analyse the impact on the child and demonstrate a reduction of risk and harm.

(b) Show understanding of the child’s lived experience over time and the research on Local Authority interventions (*eg* Horwath).

(c) Evidence will be supported through regular single and multi-agency audit. This will be monthly for peer audits by Team Managers and quarterly for multi-agency audits.

9.4 Re referrals and second or subsequent child protection plans on neglect are reduced.

**Action:**

- Appropriate Team manager is responsible for audit, and recording findings on the child’s electronic record in case notes regarding the reasons for the further period requiring a child protection plan and any shortfalls which need to be addressed from the previous practice.

Measures will include:

(a) Evidence appropriate audit as above as a result of weekly core data reporting

(b) Collate and report information in aggregate format and identify any themes for action.

9.5 Intervention to stop or ameliorate the harmful impact of neglect on a child should be within the child’s timescales, proportionate, and should take into account the child or young person’s age and development.

**Action:**
• Team Managers and Senior Operational Managers are responsible for practice and actions on individual cases

Measures will evidence:

(a) That appropriate intervention includes the taking of legal advice and follow up with a Public Law outline meeting.
(b) Any written agreement details the positive outcomes and improvements to be made for the child by the parents and carers.
(c) Any plan contains outcomes that are measurable and are personal for an individual child and includes interim goals/improvements for the care and safety of the child.
(d) Any plan indicates actions and outcomes for parents where they have particular needs, such as a learning disability or a mental health difficulty.

9.6 A practice review must occur at the six month stage which evaluates progress which has taken place in reducing risk and safeguarding a child subject to a child protection plan

**Action:**

• Team managers and social workers will review the case of each child subject to a child protection plan.

Measures will evidence:

(a) A reflective supervision episode will be undertaken and recorded on the child’s electronic record. This will focus on the progress of the child, will address continuing risks, including exposure to neglect and devise steps to reduce these risks.

9.7 A toolkit will be collated for practitioners to use in relation to neglect.

(Need a link here to the toolkit)

**Action:**

• Senior Operational Managers/Senior Management Teams to designate key working documents which will be utilised and evaluated

Measures will evidence:

(a) Utilisation of assessment tools, in particular the Salford Neglect Scale, and evaluation of this tool with Team Manager and Principal Social Worker feedback.

10. **Governance and Consultation**
This is a multi-agency strategy agreed by the Safeguarding Children Partnership and endorsed by the Children’s Trust Boards. Implementation of the strategy oversees the implementation of the strategy and the review of its effectiveness.

Partners have consulted through the two Boards and have signed up to the strategy.

11. Evaluation and Review

The effectiveness of the strategy will be evaluated against the agreed success measures. A review will be undertaken annually by the Quality Assurance and Performance Sub-Group and the results reported to the Safeguarding Children Partnership Board and the Children’s Trust Boards along with any recommendations for adjustments.

Publication date: December 2017

Review date: January 2019
Appendices
Appendix 1 - Practitioners One Minute Guide to Neglect
http://www.safechildren-cios.co.uk/media/29999436/neglect-one-minute-guide-03-11-17.pdf

Appendix 2 - Practitioners toolkit

Appendix 3 – Graded Care Profile